

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		10/27/99
O.I.P.E. CLASSIFIER			11-3-99
FORMALITY REVIEW	59573		11-12-99

59523

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	10/27/99
2	11/3/99
3	11/12/99
4	11/12/99
5	11/12/99
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50	11/12/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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